

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation FEMINIST MAJORITY		3. FEC Identification Number C C90010646
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1600 WILSON BLVD SUITE 801		
(c) City, State and ZIP Code Arlington VA 22209		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report ☒ 24-Hour Report
☐ October 15 Quarterly Report ☐ 48-Hour Report
☐ January 31 Year-End Report

b) Is this Report an amendment? ☐ No ☒ Yes, it amends the report filed on

10 / **17** / **2014**

5. COVERING PERIOD:

FROM

10 / **17** / **2014**

THROUGH

10 / **17** / **2014**

6. TOTAL CONTRIBUTIONS.....

0.00

7. TOTAL INDEPENDENT EXPENDITURES

16595.12

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Gaylynn Burroughs

Gaylynn Burroughs

01/31/2015

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee

Taylor Benn

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

Mailing Address 18835 Hickory Valley Rd.

Amount

160.00

Transaction ID : F57.4672

Purpose of Expenditure
Outreach and Paid Printing DistributionCategory/
Type

Office Sought:

☐

House

State: IA

☒

Senate

District: _____

☐

President

Check One:

☒

Support

☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BRUCE L BRALEYCalendar Year-To-Date Per Election
for Office Sought

15253.12

Disbursement For:
2014☐ Primary☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Laurelin Berkley

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

Mailing Address 908 Bridgeview Place

Amount

110.00

Transaction ID : F57.4674

Purpose of Expenditure
Outreach and Paid Printing DistributionCategory/
Type

Office Sought:

☐

House

State: IA

☒

Senate

District: _____

☐

President

Check One:

☒

Support

☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BRUCE L BRALEYCalendar Year-To-Date Per Election
for Office Sought

15523.12

Disbursement For:
2014☐ Primary☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Ashley Bullington

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

Mailing Address 613 N. Gilbert
Apt. 2

Amount

120.00

Transaction ID : F57.4678

Purpose of Expenditure
Outreach and Paid Printing DistributionCategory/
Type

Office Sought:

☐

House

State: IA

☒

Senate

District: _____

☐

President

Check One:

☒

Support

☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BRUCE L BRALEYCalendar Year-To-Date Per Election
for Office Sought

16208.12

Disbursement For:
2014☐ Primary☒ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

390.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee

Gaylynn Burroughs

Date of Public Distribution/Dissemination

M M	/	D D	/	Y Y Y Y
10		16		2014

Mailing Address 1600 WILSON BLVE SUITE 801

Amount

104.61

Transaction ID : F57.4656

Purpose of Expenditure
Payroll and BenefitsCategory/
Type

Office Sought:

☐ House

State: IA

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BRUCE L BRALEYCalendar Year-To-Date Per Election
for Office Sought

7768.55

Disbursement For:
2014☐ Primary☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Val Cain

Date of Public Distribution/Dissemination

M M	/	D D	/	Y Y Y Y
10		16		2014

Mailing Address 433 S. Beverly Drive

Amount

135.32

Transaction ID : F57.4657

Purpose of Expenditure
Payroll and BenefitsCategory/
Type

Office Sought:

☐ House

State: IA

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BRUCE L BRALEYCalendar Year-To-Date Per Election
for Office Sought

1893.91

Disbursement For:
2014☐ Primary☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Val Cain

Date of Public Distribution/Dissemination

M M	/	D D	/	Y Y Y Y
10		16		2014

Mailing Address 433 S. Beverly Drive

Amount

202.98

Transaction ID : F57.4658

Purpose of Expenditure
Payroll and BenefitsCategory/
Type

Office Sought:

☐ House

State: IA

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BRUCE L BRALEYCalendar Year-To-Date Per Election
for Office Sought

14745.79

Disbursement For:
2014☐ Primary☒ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

442.91

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 4 OF 10
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NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee

Kelsey Carroll

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y
10 / 16 / 2014

Mailing Address 1600 WILSON BLVE SUITE 801

Amount

49.06

Transaction ID : F57.4659

Purpose of Expenditure
Payroll and BenefitsCategory/
Type

Office Sought:

☐

House

State: IA

☒

Senate

District: _____

☐

President

Check One:

☒

Support

☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BRUCE L BRALEYCalendar Year-To-Date Per Election
for Office Sought

7905.01

Disbursement For:
2014☐ Primary☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Cross & Oberlie

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y
10 / 16 / 2014

Mailing Address 916 Byrd Ave.

Amount

291.59

Transaction ID : F57.4660

Purpose of Expenditure
Printing - Vote Bruce Braley U.S. SenateCategory/
Type

Office Sought:

☐

House

State: IA

☒

Senate

District: _____

☐

President

Check One:

☒

Support

☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BRUCE L BRALEYCalendar Year-To-Date Per Election
for Office Sought

291.59

Disbursement For:
2014☐ Primary☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

FedEx

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y
10 / 16 / 2014

Mailing Address 942 S Shady Grove Rd

Amount

173.52

Transaction ID : F57.4682

Purpose of Expenditure
Shipping of printed materialsCategory/
Type

Office Sought:

☐

House

State: IA

☒

Senate

District: _____

☐

President

Check One:

☒

Support

☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BRUCE L BRALEYCalendar Year-To-Date Per Election
for Office Sought

16595.12

Disbursement For:
2014☐ Primary☒ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

514.17

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 5 OF 10

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NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee

Susan Gilligan

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

Mailing Address 433 S. Beverly Drive

Amount

City State Zip Code

Beverly Hills CA 90212

2046.81

Transaction ID : F57.4661

Purpose of Expenditure
Payroll and BenefitsCategory/
Type
Office Sought: ☐ House State: IA
☒ Senate District: _____
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:
BRUCE L BRALEYCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

3940.72

Disbursement For: ☐ Primary ☒ General
2014
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Susan Gilligan

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

Mailing Address 433 S. Beverly Drive

Amount

City State Zip Code

Beverly Hills CA 90212

6637.80

Transaction ID : F57.4662

Purpose of Expenditure
Payroll and BenefitsCategory/
Type
Office Sought: ☐ House State: IA
☒ Senate District: _____
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:
BRUCE L BRALEYCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

14542.81

Disbursement For: ☐ Primary ☒ General
2014
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Shalisa Gladney

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

Mailing Address 519 N. Governor St.

Amount

City State Zip Code

Iowa City IA 52245

345.00

Transaction ID : F57.4677

Purpose of Expenditure
Outreach and Paid Printing DistributionCategory/
Type
Office Sought: ☐ House State: IA
☒ Senate District: _____
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:
BRUCE L BRALEYCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

16088.12

Disbursement For: ☐ Primary ☒ General
2014
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 9029.61

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....▶
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 6 OF 10
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NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee

Jessica Johnson

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y
10 / 16 / 2014

Mailing Address 1600 WILSON BLVE SUITE 801

Amount

72.33

Transaction ID : F57.4669

Purpose of Expenditure
Payroll and BenefitsCategory/
TypeOffice Sought: ☐ House State: IA
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
BRUCE L BRALEYCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

14818.12

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Natalie Lynne Kaufman

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y
10 / 16 / 2014

Mailing Address 800 E. Main St.

Amount

160.00

Transaction ID : F57.4673

Purpose of Expenditure
Outreach and Paid Printing DistributionCategory/
TypeOffice Sought: ☐ House State: IA
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
BRUCE L BRALEYCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

15413.12

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Genevieve Kwan

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y
10 / 16 / 2014

Mailing Address 815 E. Washington St.

Amount

130.00

Transaction ID : F57.4670

Purpose of Expenditure
Outreach and Paid Printing DistributionCategory/
TypeOffice Sought: ☐ House State: IA
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
BRUCE L BRALEYCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

14948.12

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 362.33

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 7 OF 10
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee

Jessica Minnerath

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y
10 / 16 / 2014

Mailing Address 1009 E. College St.

Apt. 2

Amount

145.00

Transaction ID : F57.4671

Purpose of Expenditure
Outreach and Paid Printing DistributionCategory/
Type

Office Sought:

☐

House

State: IA

☒

Senate

District: _____

☐

President

Check One:

☒

Support

☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BRUCE L BRALEYCalendar Year-To-Date Per Election
for Office Sought

15093.12

Disbursement For:
2014☐ Primary☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Jameisha Morgan

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y
10 / 16 / 2014

Mailing Address 2221 H. Street

Amount

130.00

Transaction ID : F57.4676

Purpose of Expenditure
Outreach and Paid Printing DistributionCategory/
Type

Office Sought:

☐

House

State: IA

☒

Senate

District: _____

☐

President

Check One:

☒

Support

☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BRUCE L BRALEYCalendar Year-To-Date Per Election
for Office Sought

15743.12

Disbursement For:
2014☐ Primary☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Colleen Osborne

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y
10 / 16 / 2014

Mailing Address 5725 Greenbush Ave.

Amount

1200.00

Transaction ID : F57.4663

Purpose of Expenditure
Outreach and Paid Printing DistributionCategory/
Type

Office Sought:

☐

House

State: IA

☒

Senate

District: _____

☐

President

Check One:

☒

Support

☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BRUCE L BRALEYCalendar Year-To-Date Per Election
for Office Sought

5140.72

Disbursement For:
2014☐ Primary☒ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

1475.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

(carry total from last page forward to Line 7)

SCHEDULE 5-E **ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee

Colleen Osborne

Date of Public Distribution/Dissemination

MM / DD / YYYY
10 / 16 / 2014

Mailing Address 5725 Greenbush Ave.

Amount

Transaction ID : F57.4664
1680.00

City State Zip Code
Valley Glen CA 91401

Purpose of Expenditure
Outreach and Paid Printing DistributionCategory/
Type

Office Sought: ☐ House State: IA
☒ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:
BRUCE L BRALEYCheck One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 6820.72

Disbursement For: ☐ Primary ☒ General
2014
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Cassilyn Ostrander

Date of Public Distribution/Dissemination

MM / DD / YYYY
10 / 16 / 2014

Mailing Address 2810 Grand Ave.
Apt. 2

Amount

Transaction ID : F57.4679
162.50

City State Zip Code
Ames IA 50010

Purpose of Expenditure
Outreach and Paid Printing DistributionCategory/
Type

Office Sought: ☐ House State: IA
☒ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:
BRUCE L BRALEYCheck One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 16370.62

Disbursement For: ☐ Primary ☒ General
2014
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Carmen Rios

Date of Public Distribution/Dissemination

MM / DD / YYYY
10 / 16 / 2014

Mailing Address 1600 WILSON BLVE SUITE 801

Amount

Transaction ID : F57.4665
87.40

City State Zip Code
Arlington VA 22209

Purpose of Expenditure
Payroll and BenefitsCategory/
Type

Office Sought: ☐ House State: IA
☒ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:
BRUCE L BRALEYCheck One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 7855.95

Disbursement For: ☐ Primary ☒ General
2014
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 1929.90

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee

Kari Rachelle Selken

Date of Public Distribution/Dissemination

MM / DD / YYYY
10 / 16 / 2014

Mailing Address 2340 Martin Starbuck South

Amount

90.00

Transaction ID : F57.4675

Purpose of Expenditure
Outreach and Paid Printing DistributionCategory/
TypeOffice Sought: ☐ House State: IA
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
BRUCE L BRALEYCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 15613.12Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Eleanor Smeal

Date of Public Distribution/Dissemination

MM / DD / YYYY
10 / 16 / 2014

Mailing Address 1600 WILSON BLVE SUITE 801

Amount

843.22

Transaction ID : F57.4666

Purpose of Expenditure
Payroll and BenefitsCategory/
TypeOffice Sought: ☐ House State: IA
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
BRUCE L BRALEYCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 7663.94Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Tru Art

Date of Public Distribution/Dissemination

MM / DD / YYYY
10 / 16 / 2014

Mailing Address 2800 Hwy. 6 East

Amount

1467.00

Transaction ID : F57.4667

Purpose of Expenditure
Printing - Vote Bruce Braley U.S. SenateCategory/
TypeOffice Sought: ☐ House State: IA
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
BRUCE L BRALEYCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 1758.59Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 2400.22

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....▶
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 10 OF 10
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee

Zephyr Printing

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y Y
10 / 16 / 2014

Mailing Address 124 E. Washington St.

Amount

50.98

Transaction ID : F57.4668

Purpose of Expenditure
Printing - Vote Bruce Braley U.S. SenateCategory/
Type

Office Sought:

☐

House

State: IA

☒

Senate

District: _____

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
BRUCE L BRALEYCalendar Year-To-Date Per Election
for Office Sought

16421.60

Disbursement For:
2014☐

Primary

☒

General

☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y Y

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐

House

State: _____

☐

Senate

District: _____

☐

President

Check One:

☐

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y Y

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐

House

State: _____

☐

Senate

District: _____

☐

President

Check One:

☐

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

50.98

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

16595.12

(carry total from last page forward to Line 7)